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TELEFAX**Date:** October 17, 2004**Total pages:** 4 pages with fax
cover**To:** USPTO**Telephone:****Telefax:** 571-273-8300**From:** Patrea Pabst**Telephone:** 404-879-2151**Telefax:** 404-879-2160**Our Docket No.** FEM 104**Client/Matter No.** 077049/10**Your Docket No.**

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MESSAGE:**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****Applicant:** Gerianne Tringali DiPiano and Peter Kevin Mays**Serial No.:** 10/751,056**Art Unit:** 1617**Filed:** January 2, 2004**Examiner:** Jennifer M. Kim**For:** *PHARMACEUTICAL PREPARATIONS FOR TREATMENTS OF DISEASES
AND DISORDERS OF THE BREAST***Attachments:** Transmittal Form PTO/SB/21, Fee Transmittal Form PTO/SB/17, Information
Disclosure Statement

{45061244.1}

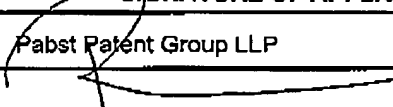
OCT 17 2005

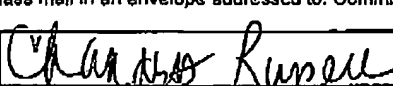
PTO/SB/21 (09-04)

 Approved for use through 07/31/2006. OMB 0851-0031
 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/751,056
	Filing Date	January 2, 2004
	First Named Inventor	Gerianne Tringali DiPlano
	Art Unit	1617
	Examiner Name	Jennifer M. Kim
Total Number of Pages in This Submission	Attorney Docket Number	FEM 104

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Pabst Patent Group LLP	
Signature		
Printed name	Patrea L. Pabst	
Date	October 17, 2005	Reg. No. 31,284

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Chandra Russell	Date October 17, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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NO. 5747 P. 3

OCT 17 2005

PTO/SB/17 (12-04)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4010).

FEE TRANSMITTAL For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number	10/751,056
Filing Date	January 2, 2004
First Named Inventor	Gerianne Tringali DiPiano
Examiner Name	Jennifer M. Kim
Art Unit	1617
Attorney Docket No.	FEM 104

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	0	x	=			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	0	x	=			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY		Registration No.	Telephone
Signature		31,284	(404) 879-2151
Name (Print/Type)	Patrea L. Pabst	Date	October 17, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEM 104 077049/10

OCT 17 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Gerianne Tringali DiPiano and Peter Kevin Mays

Serial No.: 10/751,056

Art Unit: 1617

Filed: January 2, 2004

Examiner: Kim, Jennifer M

For: *PHARMACEUTICAL PREPARATIONS FOR TREATMENTS OF DISEASES
AND DISORDERS OF THE BREAST*Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Sir:

Pursuant to the duty of disclosure under 37 C.F.R. §1.56 and 37 C.F.R. §1.97, Applicants submit a Supplemental Information Disclosure Statement, including (1) page of Form PTO-1449. Pursuant to the waiver in the notice entitled "Information Disclosure Statements May Be Filed Without Copies of U.S. Patents and Published Applications in Patent Applications Filed After June 30, 2003" published on August 5, 2003 in 1273 OG 55, copies of cited U.S Patents are not enclosed. Copies will be provided upon request, however.

This Supplemental Information Disclosure Statement is being filed under 37 C.F.R. § 1.97(b) prior to a first Office Action on the merits. It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge any fees to Deposit Account No. 50-1329.

U.S.S.N.: 10/751,056
Filed: January 2, 2004
SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT

U.S. Patents

<u>Number</u>	<u>Issue Date</u>	<u>Patentee</u>	<u>Class/Subclass</u>
5,066,495	11-19-1991	Moro, et al.	424/451
6,482,448	11-19-2002	Tabor	424/451

Remarks

This statement should not be interpreted as a representation that an exhaustive search has been conducted or that no better art exists. Moreover, Applicants invite the Examiner to make an independent evaluation of the cited art to determine its relevance to the subject matter of the present application. Applicants are of the opinion that their claims patentably distinguish over the art referred to herein, either alone or in combination.

Respectfully submitted,



Patrea L. Pabst
Reg. No. 31,284

Dated: October 17, 2005

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PTO/SB008A (10-88)
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Substitute for form 1449A/PTO		Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)		Application Number	10/751,058
		Filing Date	January 2, 2004
		First Named Inventor	Gerianne Tringali DiPiano
		Group Art Unit	1617
		Examiner Name	Kim, Jennifer M
		Attorney Docket Number	FEM 104
Sheet	1	of	1

[illegible][illegible]

Examiner's Signature	Date Considered
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to application.

¹ Unique citation designation number. ² See attached Kinds of U.S. Patent Documents. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant to place a check mark here if English language Translation is attached.

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